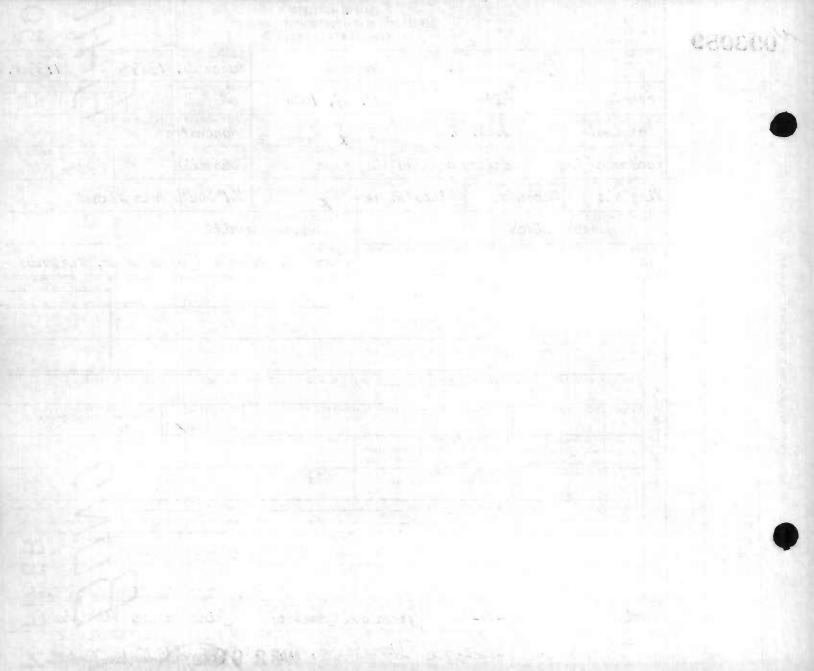
|  |               | FOR  | DE  |                          | E OF MARYLAND<br>EALTH AND MENTAL HYG         | IENE O .   | /5h   |  |  |  |  |
|--|---------------|--|---|--------------------------|---|--|---|--|--|--|--|
| 1093089  | 1-            | STATE<br>REGISTRAR   | CERTIFICATE OF DEATH REG. NO.   |                          |   |  |   |  |  |  |  |
| (B)  |               | CEASED NAME FIRST<br>OR PRINT) Ethe  |   |                          | reius   | 4.   | 1985  | 1:35 PA                                    |  |  |  |
| - 1 de -   | 3 \$F.        | emale  | White   | S. DATE O                | DF BIRTH 27, DAY 1896 FEAR                    | 27, DAY 896 EAR 88 YRS. MONTHS DAYS  WEVER MARRIED . 9 BALTIMORE CITY OR COUNTY OF DEATH |   |  |  |  |  |
| · 113/   | 70 BI         | RTHPLACE ISTATE OR FOREIGN   | 76 CITIZEN OF WHAT COU  | MARRIE<br>WIDOWI         | D NEVER MARRIED D                             |  |   |  |  |  |  |
| 9/   | (2)           | comoke City  | 11. NAME OF HOSPITAL, I<br>HURNOWY SUCH FAHITY FOR                          | NURSING HOME             | OR OTHER INSTITUTION                          | HOUSE WELL COUPATH   | ON<br>F WORKING LIFE) INDUS                                 | 126. KIND OF BUSINESS OR INDUSTRYL         |  |  |  |
| ND 2120  |               | AL RESIDENCE (IF NURSING HOME OF   |   | ce BEFORE ADMISSION      | 13d. INSIDE CITY LIMITS?                      | 1841/REESADDREAS   | Main Stree  | 199999                                     |  |  |  |
| ist, Baitimore, Maryland<br>certificate be ecceled within 24<br>ing physician and certaletic lille<br>banpapers. Poger end 2 Heald<br>removal.   | 14 FA         | THER'S NAME Bir  |   | LAST                     |   |  |   |  |  |  |  |
|  | 160 V         | VAS DECEASED EVER IN U.S. AR   | co teague,  | Virginia                 |   |  |   |  |  |  |  |
|  |               | 18. CAUSE OF DEATH (Enter on<br>PART I. DEATH WAS CAUSE<br>IMMEDIAL  | lly ane cause per line far (a),<br>D BY:<br>E CAUSE (a) Cari                | (b), and (c).) diac Arre | st  |  | BETW  | PROXIMATE INTERVAL<br>VEEN ONSET AND DEATH |  |  |  |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certifications physicion.  The certificate has been signed by the attending phase the vicel-transit permit. Then please remove corban bin and Memal Hygtene prior to buriol, cremation, or removed or them 18 shows any injury, or other traumatic even   |               | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.                                     | gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF |                          |   |  |   |  |  |  |  |
| equires the signed by Then pleo to buriof, nijury, or o  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |   |                          |   |  |   |  |  |  |  |
| A RECOR  | CERTIFICATION | 190 DATE OF OPERATION  | 19b. CONDITION FOR  | WHICH OPERATIO           | N WAS PERFORMED                               | 20b. IF YES, WERE FIN IN CERTIFYING CAU  | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO |  |  |  |  |
| N OF VITA  SICIAN: The physician phy |               | 2) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA   |   | TH DAY YEAR              | 21c HOW INJURY OCCURR                         | YES NO   |   |  |  |  |  |
| C PHYSK of Physic of Physic of this cer is the burion ond Menti ked or iter  | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY,                          |                          | 211 LOCATION STREET CITY OR TOWN COUNTY STATE |  |   |  |  |  |  |
| TENDII ortol or TOR: A TOR: A Cor user or user of Heolis of Heolis of Heolis more  |               | 220. I certify that (1) (this haspi<br>sow the deceosed alive on<br>above, (1) (we) (did) (did no                                  |   |                          | 29, 19 85<br>and that in (ma) (our) apinion d | to March leath occurred on the do  | 22 19 85<br>ate and hour and from                           | , that (I) (we) lost the causes stated     |  |  |  |
| At OR All the hosp at DIREC to to the Dept.  |               | 226 SIGNATURE Robert a   | ll  |                          | DEGREE  ATTENDING PHYSICIAN P                 | MEDICAL STAF   |   | ATE SIGNED                                 |  |  |  |
| HOSPITAL bined by H FUNERAL Cold be dir HORTAN   |               | 22d. PHYSICIAN'S NAME (TYPE O<br>ROBERT Allen  |   |                          | 22e ADDRESS                                   |  | e City. Md  |  |  |  |  |
| 99999  | 230 B         | SURIAL, CREMATION, REMOVAL   | 3-24-85   |                          | EMETERY OR CREMATORY od Cemetery              | 23d LOCATION   | ague, Virg  |  |  |  |  |
| DHMH-16 80M 1/73<br>(VR A 15 (4))  | 24 FL         | UNERALDIRECTOR   | Deles ADO   |                          | 250. DATE                                     |  | 25b. REGISTRAR'S SIGI                                       | NATURE                                     |  |  |  |



088083

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG. NO. DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 85 9:30 PM Alma Evelvn Atwood 4 RACE 5 DATE OF BIRTH A AGE UN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3 SEX MONTH YEAR HOURS DAY White Female 1919 18 64 66 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Oklahoma WIDOWED X DIVORCED Worcester IQ CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Berlin Berlin Nursing Home Housewife USUAL RESIDENCE (IF NURSING YOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21632 Caroline Federalsburg Box 156, Meadowbrook NOT FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Poole Ora Boyles Henry F 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Federalsburg. Md. LYES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 448-12-1252 Box 156. Meadowbrook Park, NO Sommers. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A PONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO. OR AS A COMSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY LAT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET CITY OF TOWN STATE WHILE NOT WHILE 22a.1 certify that (1) (this haspital) stended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3 Bay Street, Berlin, MD Federico Arthes 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) March 20.1985 Hillcrest Cemetery Federalsbrg, Caroline, Maryland Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

Нув

00

0

MPORTANT

the

24 FUNERAL DIRECTOR

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Framptom-Hawkins Funeral Home Ress 216 N. Main

11:10 x x () . Lord Hoyles alsos it ruma bet sameinsches Andres J. Somers, lox 136, Landwincon Sarte, curial Caron 20,19de cillorest lectors lederalauro, Carolice, Bargland randor-laskina Punoral Hora, No. 10 Main 21.

MARYLAND 21201

BALTIMORE,

PRESTON ST.

DIVISION OF VITAL RECORDS, 301 W.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 0 | 0 | 14 | Q | 6 |
|---|---|----|---|---|
| U | 7 | O  | 0 |   |

| H | 1 -           | REGISTRAR  |                 |   |                     | CERTIF    | CATE OF D                | EATH                          |   | REG. NO.                      |  |  |
|---|---------------|--|-----------------|---|---------------------|-----------|--------------------------|-------------------------------|---|-------------------------------|--|--|
|   |               | CEASED NAME  | FIRST           |   |                     |           | AST                      |                               | 20 DATE OF DE                               |                               | DAY YEAR                               | 26 HOUR                                      |
|   |               |  | Kenn            | eth   | Loomis              |           | Brown                    |                               | March                                       |                               | 985                                    | 8:30 M                                       |
|   | 3. SE)        | Male   | 4               | RACE  | e                   | 5. DATE O | F BIRTH                  | 84                            | 6. AGE (IN YEARS                            | LAST BIRTHDAY) YRS            | MONTHS DAYS                            |  |
| 5 | CC            | RTHPLACE (STATE OR DUNTRY) nnsylvan  |                 | USA   | WHAT COUNTRY?       | MARRIED   | NEVER A                  | AARRIED                       |   | city <u>or</u> coun<br>hester |  | У мо   |
| 2 | G             | irdletre   | е               | Bayvi                                       |                     | ADDRESS)  | R OTHER INST             | NOITUTION                     | 120. USUAL OC<br>(TYPE OF WORK FO<br>Idvert | R MOST OF WORKING             | LIFE) INDUSTRY                         | of BUSINESS OR Ceutical                      |
| 3 | 130. S<br>M:  | aryland  | 136 COUNT       |   | 13c. CITY OR TOW    | N.        | 13d. INSIDE C            | NO []                         |   | ew Road                       | 1/ 2182                                | 29   |
| C | 14. FA        | Theodor  |                 | rankli                                      | n Brow              | vn        |                          | s maiden na/<br>First<br>Jean | ٨   | HDDLE                         | Bra                                    | AST<br>Y                                     |
|   | ()            | VAS DECEASED EVER<br>(ES, NO OR UNKNOWN)<br>NO   | (IF YES, GIVE V |   | 229-26-             |           | 17 INFORMA               |                               |   | rewsRoa<br>letree             |  | 21829  |
|   |               | Conditions, if ongove rise to imcause (o), statiunderlying caus  | IMMEDIATE       | CAUSE (0)  DUE TO, OI  (b)  DUE TO, OI  (c1 | r as a consequi     | ENCE OF   |                          |                               | TIFORM                                      |                               | GIVEN IN PART                          | t menths                                     |
| 7 | CERTIFICATION | 198. DATE OF OPERA   | ATION           | 196 CONDI                                   | TION FOR WHICH      | OPERATION | N WAS PERFO              | RMED                          | 20a AUTOPS                                  | IN CER                        | YES, WERE FIND<br>TIFYING CAUSE<br>YES |  |
| 7 | MEDICAL CER   | 218. ACCIDENT WAS UN<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY MEDI<br>21d. IN JURY OCCUP<br>WHILE NOTIVE<br>AT WORK AT W | CAUSE OF DEATH  | P.I   | M. MONTH D,<br>M.   | 19        | 21c. HOW IN              |                               | RED (ENTER NATUR                            | E OF INJURY IN ITEM 1         | B, PART 1 OR PART 2] COUNTY            | STATE  |
|   |               | 276 I certify that (I saw the decea above. (I) Avoi  | ) (this hespite | JAW.  | 28, 19              | 85 , on   | d that in (my)<br>DEGREE | ATTENDING<br>PHYSICIAN        | death occurred o                            | STAFF                         | our and fram th                        | that (I) (mallost the couses stated to 2/F S |
|   |               | Allen  | W. 7            | UST,  | $\hat{\mathcal{U}}$ |           | 32 ADDRES                |                               | y DR.                                       | SALISI.                       | BURY, 1                                | MARKANT                                      |

BP. DHMH - 16 25M

O FUNERAL DIRECTOR:

TO HOSPITAL

(VR A 15 (4) ) 9/74

injury, or other troumotic event, th

should be detached for use as the burial-fransit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is morked or them 18 shows ony

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

COUNTY

STATE

24 LEUNERAL DIRECTOR Ze Leer Funeral Home, East New Market, MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 2 6 1985

| tion and the street of the street  | Total do L 1 State Last 1 1 1 1 1 1 1 |
|--|---------------------------------------|
|  | S STATE                               |
|  |                                       |
|  | The second of the second              |
| LEAVE VILLETTE TO THE TOTAL TO | to 177 to Editable to the first of    |
|  | own milenal efficient                 |
| larie u. regweitt. er in gelin.  | T-11-751                              |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |

| 079075   | 1.            | FOR<br>- STATE<br>REGISTRAR   | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 9 6 9 0  CERTIFICATE OF DEATH  REG. NO. |  |   |  |  |  |  |  |  |  |
|--|---------------|---|--|--|---|--|--|--|--|--|--|--|
|  |               | CEASED NAME FIRST   | MIDDLE   | LAST   | 2a. DATE OF DEATH MONTH   | DAY YEAR 26. HOUR  |  |  |  |  |  |  |
| ed to  |               | Rut   | h M  | Calloway                                       | 03  | 12 85 8:05a M  |  |  |  |  |  |  |
| mod .  | J. SE         | X   | 4. RACE  | S. DATE OF BIRTH MONTH DAY YEAR                | 6. AGE (IN YEARS LAST BIRTHDAY)                                 | MONTHS DAYS HOURS MIN.   |  |  |  |  |  |  |
| 8 11 A   | 1             | Female  | Caucasian  | 10 22 1894                                     | 90 YRS.   |  |  |  |  |  |  |  |
| deoth. Po  | 5             | IRTHPLACE (STATE ORFOREIGN COUNTRY) Pennsylvania  | 75. CITIZEN OF WHAT COUNT  | MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   | Worcester   | MD.  |  |  |  |  |  |  |
| 117  | 10. C         | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NU   | RSING HOME OR OTHER INSTITUTION PREET ADDRESS! | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Domestic | 176 KIND OF BUSINESS OR LIFET INDUSTRY At home   |  |  |  |  |  |  |
| The files  | Po            | comoke City   | Hartley Hal  | 1 Nursing Home                                 | Domestic  | At nome  |  |  |  |  |  |  |
| AND 21   | Ma            | ryland Wic  | OROTHER INSTITUTION GIVE RESIDENCE BI<br>JUNTY 136. CITY OR T<br>COMICO Marde                            | la YES □ NO 🕱                                  |   | 232/21837  |  |  |  |  |  |  |
| With with d 2 s  | 11/           | ATHER'S NAME  | MIDDLE   | 15 MOTHER'S MAIDEN N                           | AME   | LAST.  |  |  |  |  |  |  |
| W be de W  |               | illiam  | Doyle  | Mary   | ADDRESS 60  | McHugh   |  |  |  |  |  |  |
| IMORE<br>on and c  |               | WAS DECEASED EVER IN U.S. A<br>YES, NO OR UNKNOWN) (IF YES, C   | IVE WAR OR DATES)  | 0-9426 Mary Lee W                              | L-2-1-1   | Meadowbridge Rd owson, MD 21204  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH |  |  |  |  |  |  |
| L RECORDS, 201 W. PRESTON ST<br>e low requires that the death cert<br>in.<br>has been signed by the ottending<br>permit. Then please remove carbot<br>me prior to burial, cremation, ar ret<br>was any injury, or other troumatic ex-  | CERTIFICATION | Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.              | DUE TO, OR AS A CONSE<br>(c) COMBE   | OUENCE OF                                      | 200 AUTOPSY? 20b. IF Y  | ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \) NO \( \)                                   |  |  |  |  |  |  |
| VITAL N: The ransit Hygie B Shore  |               | 210. ACCIDENT WAS UNDERLYING  |  | 216 HOW INJURY OCCU                            | RRED (ENTER NATURE OF INJURY IN ITEM 18                         |  |  |  |  |  |  |  |
| PHYSICIA tending physicial | MEDICAL       | OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  216. INJURY OCCURRED  WHILE NOT WHILE AT WORK |  | 19 211 LOCATION                                | CITY OR TOWN  | COUNTY STATE   |  |  |  |  |  |  |
| S a S S S S S S S S S S S S S S S S S S  |               | 22a.1 certify that (1) (this has  | pitol) ottended the deceased fro   | <sub>om_</sub> January 22 <sub>,19</sub> ,85   | March 12  | . 1985, that (1) (we) lost   |  |  |  |  |  |  |
| ATTER<br>Ospital<br>ECTOR<br>d for<br>t of H   |               | sow the deceosed olive of obove, (1) (we) (did) (did)   | not) view the body ofter death.  | 9, and that in (my) (our) opinio               | n death occurred on the date and ha                             | our and from the causes stated   |  |  |  |  |  |  |
| the full OR the Corporate  | +             | 226. SIGNATURE  226. PHYSICIAN'S NAME (TYPI   | all_   | DEGREE ATTENDING PHYSICIAN  127. ADDRESS       | MEDICAL STAFF DIRECTOR PHYSICIAN                                | 3/12/85  |  |  |  |  |  |  |
| HOSPIT,<br>med by<br>FUNER,<br>of the Signal   |               | Robert B. Al  |  |  | , Pocomoke City,  | Md. 21851  |  |  |  |  |  |  |
| 8P   | 23a.          | BURIAL, CREMATION, REMOVA   |  | Name of CEMETERY OR CREMATORY Mardela Cemetery | 23d LOCATION  | comico MD <sup>STATE</sup>   |  |  |  |  |  |  |
| DHMH - 16 50M 4/B2<br>(VRA 15, 4)  | 24 F          | UNERAL DIRECTOR NAME Bradshaw   | & Sons Cris  | Field, MD 21817                                | ATE REC'D. BY REGISTRAR 256. REGIS                              | STRAK'S SIGNATURE  |  |  |  |  |  |  |

withdrapas con - garanta in asi ya dk colerate date grane de cello de dicerdo de The second secon

STATE OF MARYLAND

091071

Extra to the second second with the second s

| 086120   | 1.            | FOR  | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 9 5 9 2  CERTIFICATE OF DEATH  REG. NO. |  |  |  |  |  |  |  |  |  |
|--|---------------|--|--|--|--|--|--|--|--|--|--|--|
| B begg a   |               | CEASED NAME FIRST OR PRINT!  HAT   | tie C,   | EWe. IL                                | 20. DATE OF DEATH MONTH  3 - 18  6. AGE (IN YEARS LAST BIRTHDAY) | SS 3 A M  IF UNDER 1 YEAR IF UNDER 24 HRS                |  |  |  |  |  |  |
| Joge 4 r   | 7a B          | RTHPLACE (STATE OR FOREIGN   | BIK 76 CITIZEN OF WHAT COUNTRY   | MONTH 20 YEAR 15                       | 9 YRS.   | MONTHS DAYS HOURS MIN.                                   |  |  |  |  |  |  |
| deoth. F<br>deoth. F<br>hin 72 h   |               | SNOW Hill  | LISA   | MARRIED NEVER MARRIED WIDOWED DIVORCED | Worcest  | Lex MD   |  |  |  |  |  |  |
| ours offer d   | 0             | ONOWHILL   | FORPST LA  | Ne Kt2 BOX 37                          | 120 USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WORKING)       | INDUSTRY HOUSEUN FE                                      |  |  |  |  |  |  |
| in 24 hourshold be   | 130.          | AL RESIDENCE (IF NURSING HOME OR<br>STATE 136 COUN<br>MCC, WORK                                | OTHER INSTITUTION, GIVE RESIDENCE BEFOR<br>NTY 13c. CITY OR TOV<br>CESTER SNOW                         | HILL 13d, INSIDE CITY LIMITS?          | 130 STATET ADDRESS BOX 3   | 37   |  |  |  |  |  |  |
| omplete<br>Cond 2 2  | )             | ATHER'S NAME<br>HOWARD   | MIDDLE CONSIN  | 15. MOTHER'S MAIDEN NA                 | A MIDDLE HI  | 9 mon  |  |  |  |  |  |  |
| be execu   |               | VAS DECEASED EVER IN U.S. AR<br>YES, 100 OLUNKNOWN) (IF YES, GIV                               | MED FORCES? 166 SOCIAL SEC   | William EW                             | ell same   | As Above   |  |  |  |  |  |  |
| physicia<br>on paper<br>emayol.  |               | 18 CAUSE OF DEATH (Enter on<br>PART I. DEATH WAS CAUSE<br>IMMEDIAT                             |  |  | INEMIA .   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH          |  |  |  |  |  |  |
| that the death ce<br>d by the attending<br>lease remove carb<br>ial, cremation, or a   |               | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE  (b) M2 10 57  DUE TO, OR AS A CONSEQUE  (c)                                  | HIL BREAST CAR                         | cinma  | 1 y Loan   |  |  |  |  |  |  |
| requires sen signed to Then plu or to buring y injury, o   | NOI           | PART 2 OTHER SIGNIFICANT (   | CONDITIONS CONTRIBUTING TO   | DEATH BUT NOT RELATED TO THE TERM      | MINAL DISEASE OR CONDITION GI                                    | VEN IN PART 1(a)   |  |  |  |  |  |  |
| hos be permisse primitive on the primitive of the primitive on the primitive on the primitive of the primiti | CERTIFICATION | 190 DATE OF OPERATION  | BREDST CI  | OPERATION WAS PERFORMED  WELK          | YES NO Y   | S, WERE FINDINGS USED<br>IFYING CAUSES OF DEATH?<br>ESNO |  |  |  |  |  |  |
| is certificate buriol-transit Memol Hygical  |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA                                      | HOUR A.M. MONTH D  | 216 HOW INJURY OCCUR                   | RED (ENTER NATURE OF INJURY IN ITEM 18                           | PART   OR PART 2)  |  |  |  |  |  |  |
| NG PHY<br>offer this<br>free this<br>os the bu   | MEDICAL       | WHILE NOT WHILE AT WORK  | 218. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE,   | FARM, ETC.)                            | CITY OR TOWN   | COUNTY STATE   |  |  |  |  |  |  |
| ATTENDIA<br>sspitol or<br>CTOR: A<br>d for use<br>t of Health  |               | saw the deceased alive an  | myR 2 19   |  | death accurred on the date and ho                                | ur and from the causes stated                            |  |  |  |  |  |  |
| by the hor by the hor by the hor by the hor bilder bilder be detached State Dept ANT: If them  |               | oten !!  | Lanen.   | NO DEGREE ATTENDING PHYSICIAN          | MEDICAL STAFF DIRECTOR PHYSICIAN                                 | 71. DATE SIGNED  |  |  |  |  |  |  |
| TO HOSPITAL reformed by 11 TO FUNERAL should be det with the Store MPORTANT:   |               | Robert C. I  | aMar, M. D.  | 104 N. Bay S                           | St., Snow Hill, N  | 1d. 21863  |  |  |  |  |  |  |
| BP   | 230           | BURIAL, CREMATION, REMOVAL   | 3-21-85 57   | NAME OF CEMETERY OR CREMATORY          | 23d. LOCATION<br>CHYORTOWN                                       | COUNTY COUNTY  |  |  |  |  |  |  |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  |               | INERAL DIRECTOR  | TAL CHA ACOKESS  | SALISGURY 250. DAT                     | E REC'D. BY REGISTRAR 256. REGIS                                 | TRAR'S SIGNATURE   |  |  |  |  |  |  |

With The PARLIES + HATTAIN parallel some appearance where the 1490 \$ 1.00 mm B PED-4 T CHINACK

| 3085097  | 1.            | STATE OF MARYLAND  1 - STATE  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  STATE OF MARYLAND  CERTIFICATE OF DEATH |   |                                   |  |   |  |  |  |  |  |  |  |  |
|--|---------------|--|---|-----------------------------------|--|---|--|--|--|--|--|--|--|--|
| 00000  |               |  |   | CERTIFICATE OF DEATH              | REG. NO.   |   |  |  |  |  |  |  |  |  |
| (A) 25   | I. DE         | CEASED NAME FIRST STElla   | Jones   | Holland                           | 20. DATE OF DEATH MONTH  | 1 85 11:25 a                                    |  |  |  |  |  |  |  |  |
| 10 AV  | 3. SE         | X  | 4. RACE   | 5. DATE OF BIRTH                  | 6. AGE (IN YEARS LAST BIRTHDAY)  | IF UNDER 1 YEAR IF UNDER 24 HRS                 |  |  |  |  |  |  |  |  |
| 4 4  |               | Female   | Caucasian   | 02 22 1894                        | 97 yrs.  | MONTHS DAYS HOURS MIN.                          |  |  |  |  |  |  |  |  |
| 4 93   | 7a. B         | RTHPLACE (STATE OR FOREIGN<br>COUNTRY)   | 76. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED          | BALTIMORE CITY OR COUNTY OF DEATH  |   |  |  |  |  |  |  |  |  |
| \$ \$50A   |               | irginia  | U. S.   | WIDOWED X DIVORCED                | Worcester  | MD  |  |  |  |  |  |  |  |  |
| 11 800   |               | TY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NURSIN  | G HOME OR OTHER INSTITUTION       | 12a. USUAL OCCUPATION  | 126. KIND OF BUSINESS OR                        |  |  |  |  |  |  |  |  |
| 1201   |               | comoke City  | (IF NOT IN SUCH FACILITY, GIVE STREET  Hartley Hall  OTHER INSTITUTION, GIVE RESIDENCE BEFORE | Nursing Home                      | (TYPE OF WORK FOR MOST OF WORKING LIF  | E) INDUSTRY                                     |  |  |  |  |  |  |  |  |
| AND 21   | 13a. S        | STATE 136 COUN   |   | N 136 INSIDE CITY LIMITS?         | 130. STREET ADDRESS  | 99999   |  |  |  |  |  |  |  |  |
| WL   |               | THER'S NAME  |   | 15. MOTHER'S MAIDEN NA            |  |   |  |  |  |  |  |  |  |  |
| d w d w  |               |  | liam Jones  | E ] E ] FRST abet                 | MIDDLE   | D i n o b                                       |  |  |  |  |  |  |  |  |
| S Conte  | 16a. V        | VAS DECEASED EVER IN U.S. AR   |   |                                   | ADDRESS  | Birch   |  |  |  |  |  |  |  |  |
| AOR exe  |               | PES, NO OR UNKNOWN) (IF YES, GIV   | E WAR OR DATES)   |                                   |  |   |  |  |  |  |  |  |  |  |
| LIIIA  | =             | no   | 228-44-   |                                   |  |   |  |  |  |  |  |  |  |  |
| BA<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>icate<br>ica<br>ica<br>ica<br>ica<br>ica<br>ica<br>ica<br>ica<br>ica<br>ica   | -34           | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE  | lly one cause per line for (a), (b), and D BY:  | 100 stallages and                 | 40.00  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |  |  |  |  |  |  |  |
| ST.,   |               |  | TE CAUSE (0) CEPE B   | 12 MOCULAR                        | ACCIDENCT  |   |  |  |  |  |  |  |  |  |
| ON or  |               |  | DUE TO, OR AS A CONSEQUE  | NCE OF                            |  |   |  |  |  |  |  |  |  |  |
| EST<br>dep<br>dep<br>tion  |               | Canditians, if any, which  | (b)   |                                   |  |   |  |  |  |  |  |  |  |  |
| W. PR  |               | gave rise to immediate cause (a), stating the underlying cause last.   | DUE TO, OR AS A CONSEQUE  | NCE OF                            |  |   |  |  |  |  |  |  |  |  |
| DS, 201 quires th quires th signed hen plec to buriol  | z             | PART 2 OTHER SIGNIFICANT C   | (c)<br>CONDITIONS CONTRIBUTING TO D   | DEATH BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIV  | EN IN PART Tra                                  |  |  |  |  |  |  |  |  |
| RECORDS  In require to see signer to the see see see signer to the see see signer to the see see see see see see see see see s   | CERTIFICATION | 190. DATE OF OPERATION   | 196. CONDITION FOR WHICH  | OPERATION WAS PERFORMED           | 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |   |  |  |  |  |  |  |  |  |
| rAL<br>Cion  | E             |  |   |                                   |  | S NO  |  |  |  |  |  |  |  |  |
| NG PHYSICIAN: offending physic fifer this certificat as the buriol-from thond Mental Hyg   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  |   | Y YEAR                            | RED (ENTER NATURE OF INJURY IN ITEM 18 P.                                    | ART 1 OR PART 2)                                |  |  |  |  |  |  |  |  |
| ION<br>During C<br>During C  | MEDICAL       | 21d. INJURY OCCURRED   | 210. PLACE OF INJURY  | 211. LOCATION                     |  |   |  |  |  |  |  |  |  |  |
| VISH<br>G Pr<br>onten<br>ond<br>ked d  | 2             | WHILE NOT WHILE  | (AT HOME, STREET, FACTORY, OFFICE, F.   | NRM. ETC ) STREET                 | CITY OR TOWN   | COUNTY STATE                                    |  |  |  |  |  |  |  |  |
| D or   | -             |  | tal) attended the deceased fram_  | 11-12 10/1                        | in 3-11  | 19 that (i) (we) last                           |  |  |  |  |  |  |  |  |
| or or or or is of the  |               | saw the deceared alive an<br>abave (1) (we) (did) (did no  |   | ond that in (my) (aur) opinion    | death accurred on the date and have  |   |  |  |  |  |  |  |  |  |
| RECTORED FOR SPIN  |               | 22b. SIGNATURE   | t) view the body after death.   | DEGREE                            |  | 224. DATE SIGNED                                |  |  |  |  |  |  |  |  |
| y the OR RAL DIII Getoch detoch one De NT: # #   |               | 7-6-4  | with with   | ATTENDING<br>PHYSICIAN            | MEDICAL STAFF DIRECTOR PHYSICIAN   | 3-11-85   |  |  |  |  |  |  |  |  |
| TO HOSPITAL etoined by 11 TO FUNERAL should be det with the Store MAPORTANT.   |               | 22d PHYSICIAN'S NAME TYPE O  | NCTCAND N   | 100 8t                            | 3 Dr. Hoonus   | la Gia sil                                      |  |  |  |  |  |  |  |  |
| Sho of 5 to the short of the sh | 23a. B        | URIAL, CREMATION, REMOVAL  | 236. DATE 23c.N   | AME OF CEMETERY OR CREMATORY      | 23d. LOCATION  | 357   |  |  |  |  |  |  |  |  |
| 999BP-99   | 24 5:         | Burial   | 3-13-1985 A   | ssawoman Come                     | ASSOLDOMON   | Acomol G. C.                                    |  |  |  |  |  |  |  |  |
| DHMH - 16 50M 4/82   | 24. 11        | INERAL DIRECTOR  | Fox Fungos  | C /VEN                            | E REC'D. 8Y REGISTRAR 256. REGIST  | RAR'S SIGNATURE                                 |  |  |  |  |  |  |  |  |
| (VRA 15, 4)  | - 1           | num  | Tempera   | reevelle KMAR 2                   | 1 0 1085 gulie veri  | down-Randelle "                                 |  |  |  |  |  |  |  |  |

| 082254   | 1             |   |                      |  |                | ATE OF MARYLA            |                  | o d  | 0 0                   | 6 0 2                                  |  |  |  |
|--|---------------|---|----------------------|--|----------------|--------------------------|------------------|--|-----------------------|--|--|--|--|
| 3  | 1.            | FOR<br>STATE<br>REGISTRAR                     |                      | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 9 6 9 4 CERTIFICATE OF DEATH |                |                          |                  |  |                       |  |  |  |  |
|  |               | CEASED NAME                                   | FIRST                | WIDDLE   |                | LAST                     |                  | 20 DATE OF DEATH MON   | NTH DAY YEAR          | 2b. HOUR                               |  |  |  |
| 2 5  |               | Ev  | a                    | Daisev   | 7 E            | udson                    | 1 60             |  | 1 85                  | 830 a M                                |  |  |  |
| edor, po   |               | X   | 4 RACE               |  |                | TE OF BIRTH              |                  | AGE (IN YEARS LAST BIRTHDA   | MONTHS DAY            |  |  |  |  |
|  |               | Female  | F 100                | White  |                | 5 11                     | 96               | 88   | YRS                   | 3 HOURS MIN.                           |  |  |  |
| 20 P   |               | RTHPLACE (STATE OR FOI                        | REIGN 76 CITIZ       | 76 CITIZEN OF WHAT COUNTRY?  |                | 8. MARRIED NEVER MARRIED |                  | BALTIMORE CITY OR C  | OUNTY OF DEATH        |  |  |  |  |
| nero in 73   | 1             | PA  |                      | USA  |                |                          | VORCED           | Worcester  |                       | MD.                                    |  |  |  |
| re fr  | 10 C          | ITY OR TOWN OF DEAT                           |                      | ME OF HOSPITAL   |                | AE OR OTHER INST         | TITUTION         | 120. USUAL OCCUPATION  |                       | OF BUSINESS OR                         |  |  |  |
| of soft  | E             | erlin   |                      | lin Nursi  |                |                          | Box 13           | Housewife  |                       |  |  |  |  |
| 212  | USU           | AL RESIDENCE (IF NURSIN                       | G HOME OR OTHER IN   | STITUTION, GIVE RESIDE   | OR TOWN        | ON)<br>113d INSIDE C     | 315,51           | 13e. STREET ADDRESS  | 21                    | 1.0                                    |  |  |  |
| ND 24 1 24 1 24 1  | 130           |   | Worceste             |  | shopvill       |                          | NO [             | RT. 1. Box   | 118 0/2               | 510                                    |  |  |  |
| YLA<br>Thur<br>Trely<br>2 sh   | 14 E.         | ATHER'S NAME                                  |                      |  |                | 15. MOTHER'S             | S MAIDEN NAM     | E  |                       |  |  |  |  |
| MAR d w  |               | Robert  | MIDDLE               |  | dson           |                          | abeth            | Truitt   | Hudsor                | LAST                                   |  |  |  |
| F. S. S. S.  |               | WAS DECEASED EVER IN                          |                      | RCES? 166 SOC  | IAL SECURITY N |                          |                  | ADDRESS  | <u> </u>              |  |  |  |  |
| MOI<br>Poge  |               | NO OR UNKNOWN)                                | (IF YES, GIVE WAR OR |  | -90-7887       | Pr                       | reston           | J. Daisev  | . Towson              | TATO                                   |  |  |  |
| ALTI<br>re be<br>oers.   | -             | 18 CAUSE OF DEATH                             | Enter only one of    |  |                | 1 4                      |                  |  |                       | OXIMATE INTERVAL<br>EN ONSET AND DEATH |  |  |  |
| ficos ficos paper  |               | PART I. DEATH WA                              | S CAUSED BY:         |  | andio          | ) Res                    | b. A             | nnest  | BETWEE                | N ONSE! AND DEATH                      |  |  |  |
| Certing F  |               | 1/  | MMEDIATE CAUS        |  |                | -                        | 2. ///           |  |                       |  |  |  |  |
| he deoth component of motion, or recomposite or rec |               | Conditions if an                              |                      | E TO, OR AS A CO   | ONSEQUENCE     | 1500                     | > ,              |  |                       |  |  |  |  |
| e de   |               | Conditions, if any, a gove rise to imme       | diote                | (b)  |                |                          |                  |  |                       |  |  |  |  |
| W. or the  |               | couse (a), stating underlying couse           | lost.                | E TO, OR AS A CO   | ONSEQUENCE C   | 1766                     | 2 .              |  |                       |  |  |  |  |
| 201<br>es the<br>med b<br>plea<br>urial,   |               | DART 2 OTHER CICAL                            | ( CANT CONDIT        | (c)  | INIC TO DEATH  | BUT NOT BELATED          | TO THE TERMS     | NAL DISEASE OR CONDITI   | ON CIVEN IN DADT      | 1                                      |  |  |  |
|  | Z             | PART 2 OTHER SIGINT                           | FICANT CONDIT        | IONS CONTRIBUT   | ING TO DEATH   | BOT NOT KELATED          | TO THE TERMIN    | AND DISEASE OR CONDITI   | ON GIVEN IN PART      | 110                                    |  |  |  |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir otherding physicion. Ifter this certificate hos been sig os the buriol-tronsit permit. Then th ond Mental Hygiene prior to be the ond Mental Hygiene prior to be arked or tent 18 shows-any injury  | CERTIFICATION | 19a. DATE OF OPERATIO                         | ON 196               | CONDITION FOR  | R WHICH OPERA  | TION WAS PERFO           | RMED             | 200 AUTOPSY?   20  | b. IF YES, WERE FINE  | DINGS USED                             |  |  |  |
| REC Permission of the permissi | FF            |   |                      |  |                |                          |                  | YES TO NOT   | YES T                 | ES OF DEATH?                           |  |  |  |
| The The sicro  | - 13          | 21a. ACCIDENT WAS UNDER                       | RLYING [7 216        | TIME OF INJURY   |                | 71c HOW IN               | JURY OCCURRE     | D (ENTER NATURE OF INJURY IN   |                       |  |  |  |  |
| Physical Phy |               | OR CONTRIBUTING CA                            | USE OF DEATH         | OUR A.M. MON   |                | AR                       |                  | V (Entles in the Entles in the |                       | NI SECTION                             |  |  |  |
| ON O<br>ding<br>s cer<br>burio<br>Ment   | MEDICAL       | (IF EITHER, NOTIFY MEDICA                     |                      | P.M. PLACE OF INJUR  |                | 211 LOCATIO              | ON               |  |                       |  |  |  |  |
| ISIO<br>PHY<br>tends<br>the band w   | MEI           | WHILE NOT WHILE                               | /AT                  | HOME STREET, FACTOR  |                |                          |                  | CITY OR TOWN   | COUNTY                | STATE                                  |  |  |  |
|  |               |   |                      | 2 1 1 1  | 11 10          | 2                        | 84               | Seb.   | 81                    |  |  |  |  |
| END of of or use   |               | 220.1 certify that (1) (t<br>sow the deceased | alive on             | 252V   | 10 81          | and that in (my)         | (aur) apprion de | , to<br>eath occurred on the date (  | and hour and from the | _, that (I) (we) last                  |  |  |  |
| ATTEN<br>ospital<br>ECTOR<br>id for unit. of He<br>m 21 is   |               | obove (I) (we) (did                           | d) (did not) view t  | he body ofter deat   | th.            | DEGREE                   | (00.70)          | The second of the second   |                       | TE SIGNED                              |  |  |  |
| OR he  | 15            | 20. SIGNATURY                                 |                      | 1. Can   | ~              |                          | ATTENDING .      | MEDICAL STAFF  | 1                     | 1-1-1                                  |  |  |  |
| PITAL<br>by the  | -             | 22d. PHYSICIAN'S NAA                          | VE                   |  | /              | 220. ADDRES              | PHYSICIAN S      | DIRECTOR PHYSICIAN   | 0 0                   | 1 8 1                                  |  |  |  |
| HOSPIT<br>Torned by<br>D FUNER<br>Hould be of  |               |   |                      |  |                |                          |                  |  |                       |  |  |  |  |
| TO HO With I WITH  |               | Dr. Federi                                    |                      | es   |                |                          |                  | Berlin, MD   | 21811                 |  |  |  |  |
| E S E N > Z  | 23a           | BURIAL, CREMATION SI                          | WOAV 137 [           | -4-85  |                | OF CEMETERY OR           |                  | 23d LOCATION<br>CITY OR TOWN   | COUNTY                | STATE                                  |  |  |  |
| BP   |               |   |                      | 7-07   | Bish           | opville                  |                  | Bishopvi   |                       | ester MD                               |  |  |  |
| DHMH - 16 50M 4/82   | 24 F          | UNESCOR                                       | nke                  | 5  | Apples + 1     | 00                       |                  | REC'D. BY REGISTRAR 256  | REGISTRAR'S SIGNA     | ATURE                                  |  |  |  |
| (VRA 15, 4)  | (             | July 101                                      | Marto                | o. del   | Vevel          | Re                       | MAR              | 6 1005 de  | Ra Nambana            | 12 . e. en                             |  |  |  |

1.55 DECLICE OF THE BUILDING DOL attilia de la compania del compania de la compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compania de la compania del la word . nested . I note til . . Ject-ee-de Harda ave told typological fire flavorist

Crisfield. MD

21817

who Daydon fandell

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

Bradshaw & Sons

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

As As a Second Lengral o Lange Costs A . Residented - 8 . of . All the second read to ASSE Companies - 1200 man and 1200 Miles OF THE REAL PROPERTY. S rist System Sumprise Severel Official - Severel S Find the state of the state of

#### STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 081021   | 1 -           | FOR<br>STATE<br>REGISTRAR                             |                                   |                           | DEPART   | MENT OF H           | OF MARYLEALTH AND | MENTAL HYGI       | -                             | , NO.                          | 0   | 9 6            | 9 (                             |
|--|---------------|---|-----------------------------------|---------------------------|--|---------------------|-------------------|-------------------|-------------------------------|--------------------------------|---|----------------|---------------------------------|
| D. C. E.   |               | CEASED NAME<br>OR PRINT)                              | LLOYD                             | ٨                         | A.   |                     | SEY               |                   | 20 DATE OF DEATH              |                                | 11  |                | 4:55 <sub>D</sub>               |
| may<br>pog<br>ter de   | 3 SE          | (   |                                   | 1. RACE                   |  | 5. DATE C           | F BIRTH           | YEAR              | 6 AGE (IN YEARS LAS           | BIRTHDAY                       | IF UND  |                | IF UNDER 24 HRS                 |
| rector   |               | ALE   |                                   | WHITE                     |  | 6                   | 3                 | 99                | 85_                           | YF                             |   |                |                                 |
| eoth ro<br>nerol di<br>in 72 ho  | (             | RTHPLACE (STATE OF                                    | R FOREIGN                         | USA                       | what country   | MARRIEI<br>WIDOWE   |                   | MARRIED           | 9 BALTIMORE CIT               |                                | NTY OF D  | EATH           | м                               |
| s offer d  |               | TY OR TOWN OF DE                                      | EATH                              | (IF NOT IN SUC            | OSPITAL, NURSI<br>H FACILITY, GIVE STREE<br>NURSING  | T ADDRESS]          | R OTHER INS       | NOITUTIT          | OWNER OF THE                  | ALION<br>PORTO                 |   | KIND OF DUSTRY | BUSINESS OF                     |
| filled in the movid be f   | 130. 5        | AL RESIDENCE (IF NU<br>TATE<br>MARYLAND               | 136 COUN                          | OTHER INSTITUTION         |  | RE ADMISSION)<br>WN | 13d INSIDE (      | NO 🗓              |                               | SS / ZIP C                     |   | 2184           | 2                               |
| ompletely  | M             | ATHEW PUS   | EY                                | MIDDLE                    | LAST   |                     | Ž                 | 'S MAIDEN NAM     | MIDDL                         |                                | Pl  | USEY           | 95                              |
| on execu   | (             | VAS DECEASED EVE<br>(ES. NO OR UNKNOWN)<br>NO         |                                   | MED FORCES? WAR OR DATES) | 166. SOCIAL SEC<br>215 0!  |                     | LIEK              | DE P. C.          | usey. B                       | LE34                           | Cita  | M              | 1/                              |
| deoth certificate offending physici ove cobon poperition, or removal aumotic event, the  |               | 18 CAUSE OF DEA<br>PART 1. DEATH<br>Conditions, if an | IMMEDIATI                         | BY:<br>E C AUSE (o)       | R AS A CONSEQU   | dio                 | Res               | n Ce              | nest                          | >                              | 1   | BETWEEN ON     | ATE INTERVAL<br>ISET AND DEATH  |
| gned by the gned by the properties from please remburial, cremo  | 7             | gove rise to in<br>couse (a), sto<br>underlying cou   | mmediate<br>ting the<br>ise last. | (c)                       | R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE | DEATH BUT           | NOT RELATED       | D TO THE TERMI    | NAL DISEASE OR C              | ONDITION                       | GIVEN IN  | PART No        |                                 |
| low red<br>os been<br>bermit. T<br>re prior  | CERTIFICATION | 19a DATE OF OPER                                      | PATION                            | 196 CONDI                 | TION FOR WHIC  | H OPERATIO          | WAS PERFO         | IN CERTIF         |                               | F YES, WER<br>ERTIFYING<br>YES | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \) |                |                                 |
| N. T. Washington   |               | 210 ACCIDENT WAS LE                                   | CAUSE OF DEA                      | 77                        | M. MONTH   | DAY YEAR            | 21c HOW IN        | NJURY OCCURR      | ED (ENTER NATURE OF           | NJURY IN ITEM                  | A IB PART I O   | RPART 2)       |                                 |
| G PHYSICIA of the certification of the certificatio | MEDICAL       | 21d INJURY OCCU                                       | WHILE D                           | 21e PLACE (               | OF INJURY<br>PEET, FACTORY, OFFICE   | FARM, ETC )         | 211 LOCATI        |                   | CITY O                        | RIOWN                          | CC  | YIANO          | STATE                           |
| TENDIN<br>pital or<br>TOR Afr<br>for use of<br>for use of<br>tealth  |               | 22a. I certify that                                   | osed olive on                     | - 11                      | 8) 19  | 1-19                | d that in (my     | ) (our) opinion d | , to/<br>leoth occurred on th | e dote and                     | hour and  |                | ot (I) (we) los<br>ouses stated |
| IAL ON ATTE<br>ALD DIRECTO<br>ALD IRECTO<br>detoched for<br>tote Dept. of h  |               | 22b. SIGNATURE  | ~                                 | 10                        | oner deom.   | 1                   | 10                |                   | MEDICAL<br>DIRECTOR SPH       | TAFF<br>SICIAN [               |   | 2c. DATE SI    | IGNED                           |
| CO HOSPITAL etained by th TO FUNERAL should be det with the State MAPORTANT:   |               | FEDERIC   |                                   |                           |  |                     | 3 BAY             |                   | BERLIN,                       | MD.                            | 21811   |                |                                 |
| BP   |               | BURIAL, CREMATION                                     | N, REMOVAL                        | 3-/4-                     | 85 230   | NAME OF C           | STIDE             | CREMATORY         | 23d. LOCATION<br>STY OR TOW   | Hi                             | coul  | Varu           | STATE                           |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | 24 F          | Present Director                                      | FD                                | Bunis                     | SADDRESS   | 1411                | 1411              | MAR               | 18 1985                       | AR ISH RE                      | Davids  | A Port         | dalle                           |

| 099095   | 1.            | FOR<br>STATE<br>REGISTRAR   |   |  | DEPAR   | E OF MARYL<br>EALTH AND<br>ICATE OF I |                   | REG. NO. | 0   | 9 6    | 97                          |                             |  |
|--|---------------|---|---|--|---|---------------------------------------|-------------------|----------|---|--------|-----------------------------|-----------------------------|--|
| p (1)  |               |   | Ima   | 1  | Ha  |                                       | ni H              |          | 6. AGE (IN YEARS                                  | 0      |                             | YEAR<br>855<br>UNDER 1 YEAR | 26 HOUR 2106 PM                            |
| - 7  | ) SE.         | F   |   | Cauces   |   | MONTH<br>06                           |                   | YEAR     | U. AGE (NATERIAL                                  | 76     | YRS.                        |                             | HOURS MIN.                                 |
| OF THE STATE OF  |               | RTHPLACE (STATE ORFO  | OREIGN  | Th CITIZEN OF                                    | WHAT COUNTRY  | ? 8.<br>MARRIE<br>WIDOWE              |                   | MARRIED  | BALTIMORE CITY OR COUNTY OF DEATH  Werces fer Co. |        |                             |                             |  |
| . 1190   | 10 C          | TY OR TOWN OF DEA   | тн  | 11. NAME OF I                                    | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HOUSE |                                       |                   |          |   |        | N I                         |                             | F BUSINESS OR                              |
| AND 212  | 13a S         | ryland  | 13b. COUN   | other institution<br>ITY<br>cester               | 13° STREET ADI  |                                       | nhaver            | n Dri    | ve  |        |                             |                             |  |
| MARN DE STATE OF THE STATE OF T |               | Charles   |   | MIDDLE   | Clark   |                                       |                   | Edith    | М   | MDD1E  |                             |                             | bons                                       |
| be executed on ond on ond on ond on ond on ond one   |               | VAS DECEASED EVER<br>YES, NO OR UNKNOWN)<br>NO                                      |   | MED FORCES?<br>E WAR OR DATES)                   | 216-54  |                                       | J. A              |          | mith p  | OCOI   | Lynnl<br>noke (             | City.                       | Drive  Nd.  MATE INTERVAL  DISET AND DEATH |
| quires that the death certi- signed by the ottending p hen please remove corban to burial, crematian, or ren iury, or other traumotic ev   | NO            | Conditions, if ony, gove rise to imm cause (a), stating underlying couse            | DUE TO, OR AS A CONSEQUENCE OF  itions, if ony, which rise to immediate (b) Renal Failure  pue to, or as a consequence of Due to, or as a consequence of Olyging couse lost.  Due to, or as a consequence of Olyging couse lost.  (c) Atherosclerotic Vascular Disease  2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) |  |   |                                       |                   |          |   |        | 3)                          |                             |  |
| AL RECOR   | CERTIFICATION | 19a DATE OF OPERAT  |   | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED |   |                                       |                   |          |   |        | IGS USED<br>OF DEATH?<br>NO |                             |  |
| DIVISION OF VIT AL RECORDS,  NG PHYSICIAN: The law require oftending physician.  ost the buriol-transit permit. Then the and Mental Hygiene prior to be orked or trem. 8 shows any injury.   | MEDICAL CE    | 218. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTHY MEDIC 21d. INJURY OCCURR | AUSE OF OEA   | HOUR A.  | M. MONTH M. OF INJURY   | 19                                    | 211 LOCATI        | ON       | ED (ENTER NATURE                                  |        |                             | COUNTY                      |  |
| I O O O E  | W             | while not what work  220.1 certify that a sow the decease above, (1) (we)           | (this hospit  | tal) attended th                                 |   | Nov                                   | 2.3 ad that in my | 19.84    |   |        | <b>23</b> , 19_             | 85 ,1                       | state that (1)(we) lost                    |
| TO HOSPITAL ONE-TIEN retained by the hospital TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He MADORTANT; if them 21 is   |               | 226. SIGNATURE  | 1/  | PPINT)   |   |                                       | 220 ADDRES        | SS       | MEDICAL<br>DIRECTOR                               |        |                             | 3/23                        | SIGNED                                     |
| TO FU TO FU with the With the Wild FOR   | 770 0         | Rober<br>BURIAL, CREMATION, I   |   | 1. Re  | illy mo   | NAME OF C                             | R+3 E             |          | Snow H  |        | nd.                         | 21563                       |  |
| BP   | C             | remation  | LWOVAL  | 3/24   | 1-  | Delmar                                |                   | remator  | CITY OR T   | OWN    | Suga                        |                             | Delaway                                    |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  | 24 FI         | INERAL DIRECTOR   | ulso  | _ P(   | ADDRESS<br>OCOMOKE  | City                                  | , Md.             | APR      | REC'D. BY REG                                     | ISTRAR |                             | rs signati                  | odalik.                                    |

